RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1534 STATE FILE NUMBER 60-008860

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: Elvins — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route # 1 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: LEE Middle: MOSE Last: SEBASTIAN
4. DATE OF DEATH: Month: FEBRUARY Day: 7 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/31/1904
9. AGE (last birthday): 55 — IF UNDER 1 YEAR: Months 1 Days 6 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Elvins, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Mose V. Sebastian
13b. MOTHER'S MAIDEN NAME: Tillie Vandergriff
14. NAME OF HUSBAND OR WIFE: Verna Medcalf Sebastian
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): No War
16. SOCIAL SECURITY NO.:
17. INFORMANT: Verna Sebastian Address: Elvins, Mo. Rt.#1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY EMBOLUS	10 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	MYOCARDIAL INFARCTION	6 MONTHS
DUE TO (c)	ARTERIOSCLEROTIC HEART DISEASE 4200	15 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from DEC. 7, 1959, to FEB. 7, 1960 and last saw her/him alive on FEB. 7, 1960
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F R Bradley (Degree or title): M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 2/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/10/1960
23c. NAME OF CEMETERY OR CREMATORY: Layne Cemetery
23d. LOCATION (City, town, or county) (State): Elvins, Mo.

24. FUNERAL DIRECTOR: Murphy L. Sparks ADDRESS: Flat River, Mo.
25. DATE RECD. BY LOCAL REG.: FEB 10 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. MB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 23 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4239

P. O. Address Flat Creek

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.